

**Results:** First cycle: Patient identifiers, diagnosis and plan were most likely to be handed over; Poor at highlighting urgency of job handed over/stability of patients and documenting accountability

Re-audit: 10/11 standards showed improvement following implementation of recommendations; the standards were more likely to be met when the standardised handover template was used (77–100% completeness).

**Conclusion:** The standardised handover template ensures standards are met. Subjectively, the traffic light system was popular among on call doctors; easily illustrated the unstable patients to prioritise. Continued work required to educate new doctors and other team members in required handover format. Teams with larger number of patients under their care (i.e. “post take” teams) found it difficult to comply due to extra workload of transferring details to the template. Suggestion: Standardised patient list in line with the handover template.

#### 0208: MRSA SCREENING IN DAY CASE SURGERY

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**Aim:** The gram-positive bacterium MRSA carries the risk of severe nosocomial infections. Patients are screened on admission to hospital to minimise these risks, including those attending for elective day case surgery. We carried out a retrospective study to determine the cost-effectiveness and appropriateness of universal screening of day case patients. Recent guidance from the Department of Health advises selective screening for day case surgery, and therefore this study was completed to justify changing trust guidelines accordingly.

**Methods:** We searched the MRSA screening results of all day case patients between October 2012 and September 2014. This included data for nose and groin swabs from 616 patients, giving 1232 results in total. This information was then to be analysed for trends in positive results.

**Results:** All 1232 MRSA swabs were negative in the time period investigated. We were therefore unable to undertake further analysis in positive swabs to determine common characteristics and the possibility of targeted screening.

**Conclusion:** With no positive MRSA swabs over a two-year period, we concluded that screening may not be appropriate for all day case patients. We therefore proposed that targeted screening as recommended by the August 2014 DoH guidelines may be better suited and more cost-effective.

#### 0317: VISUAL ACUITY ASSESSMENT IN PATIENTS WITH NECK OF FEMUR FRACTURES: A CLOSED-LOOP AUDIT

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**Aim:** National Institute of Clinical Excellence( NICE) states visual acuity should be included in all multifactorial falls risk assessments. We aim to improve the compliance to the 2013 update in NICE guidance for falls risk prevention in the population of patients sustaining neck of femur (NoF) fractures. Specifically answering the question: has visual acuity been assessed and how?

**Methods:** All patients admitted under with a NoF fracture over the period of 1 month were included. Data on patient demographics, whether visual acuity had been assessed and methods of assessment were collected from the orthopaedic admission clerking. A multimodal intervention was implemented and the 2nd cycle of the audit completed.

**Results:** First cycle results show 16.7% of admissions had visual acuity assessed (n=36). There was marked variation in the methods of visual assessment. Second cycle results show 58% of admissions (n=31) had visual acuity assessed with three measures documented consistently in all notes: ability to count fingers, symmetry of assessing person's face and read small print at arm's length.

**Conclusion:** 58% compliance to the NICE criterion was achieved with standardization of visual acuity assessment. Multiple co-morbidities present during assessment may be a limiting factor in achieving 100% compliance.

#### 0328: MAINTENANCE INTRAVENOUS FLUID PRESCRIPTION IN GENERAL SURGICAL PATIENTS: AN AUDIT AGAINST THE NICE GUIDELINES AND RE-AUDIT AFTER A BRIEF EDUCATIONAL CAMPAIGN

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**Aim:** NICE clinical guideline 174 recommends that adults receive 1 mmol of sodium, potassium and chloride per kg per day in maintenance intravenous fluids and a volume of 25–30 ml/kg/day. We investigated the adherence of prescriptions to these guidelines and the effect of an educational intervention.

**Methods:** A retrospective review of prescriptions was carried out in 20 general surgical patients assessing intravenous fluids and repeated after a brief educational intervention.

**Results:** Pre-intervention data revealed patients were receiving a mean of 0.16 mmol/kg/day of potassium, with an absolute increase of 0.1 mmol/kg/day after intervention (p=0.1). A mean of 3.36 mmol/kg/day of sodium pre-intervention (336% of the recommendation), with an absolute reduction of 0.3 mmol post-intervention (p=0.345), a mean of 41 ml/kg/day of water pre-intervention (136% of recommendation) which had an absolute reduction of 4 ml/kg/day (p=0.16).

**Conclusion:** Patients received 16% of the recommended potassium prescription, 136% of recommended water and 336% of the recommended sodium in their maintenance intravenous fluid regime. A brief educational intervention appears to have gone some way in correcting the prescription of electrolytes and fluid, further work is required.

#### 0333: IMPROVING WAITING TIMES FOR ABSCESS SURGERY: EXPERIENCE FROM A COMPLETE AUDIT CYCLE

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**Aim:** Delaying surgical treatment for abscesses can lead to infective complications, prolonged discomfort and increased hospital stay. Minor procedures, such as abscesses are perceived to be low priority, are therefore overlooked and lead to treatment delay. On-call shift patterns often lead to sequential handing over of these patients. To ensure a more rational approach to CEPD cases, a written review of outstanding operations was incorporated into a formal handover process.

**Methods:** Data including time of presentation to A&E and time of operation were retrospectively analysed for one month, before and after formal handover was implemented. Retrospective analysis of written handover lists showed compliance with the new handover system was 100%.

**Results:** Sixty-one patients required incision and drainage (32 patients before: 29 patient after implementation of handover). The average waiting time to theatre before handover was 28.7 hours, compared to 25.3 hours after handover.

**Conclusion:** The audit showed that formal handover shortened waiting times by 3.4 hours (12.3%). Whilst this improvement was modest, there are likely to be intangible improvements in continuity of care and patient safety. The cause of continued delays is multifactorial, and further work is underway to improve the efficacy of the emergency surgery service.

#### 0340: IMPROVEMENT OF EMERGENCY SURGICAL CLERKING DOCUMENTATION FOLLOWING INSTIGATION OF AN EMERGENCY CLERKING PROFORMA

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**Aim:** Accurate and comprehensive documentation is important to ensure patient safety. The European working time directive has increased the role of shift work and the frequency of patient handover therefore a high standard of documentation is essential. We present a complete audit cycle describing the introduction of an Emergency Surgical Clerking Proforma at a District General Hospital.

**Methods:** The audit criteria combined documentation guidance from the GMC and the Royal College of Surgeons with guidelines from the Royal College of Physicians. Criteria included aspects of documentation such as recording of patient demographics, examination findings, and